IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

Ramon MERCE VIDAL, et al.

SERIAL NO: New U.S PCT Application Based on PCT/EP04/08513

GAU:

FILED:

Herewith

EXAMINER:

FOR:

INDOL-7 SULFONAMIDE DERIVATIVES, THEIR PREPARATION AND THEIR USE 5-HT-6 AS

MODULATORS

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

Applicant(s) wish to disclose the following information.

REFERENCES

The applicant(s) wish to make of record the references cited in the International Search Report and listed on the
attached form PTO-1449. Copies of the listed references are attached, where required, as are either statements of
relevancy or any readily available English translations of pertinent portions of any non-English language
references.

A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

RELATED CASES

Attached is a list of applicant's pending application(s), published application(s) or issued patent(s) which may be
related to the present application. In accordance with the waiver of 37 CFR 1.98 dated September 21, 2004, copies
of the cited pending applications are not provided. Cited published and/or issued patents, if any, are listed on the
attached PTO form 1449.

☐ A check or credit card payment form is attached in the amount required under 37 CFR §1.17(p).

CERTIFICATION

Each item of information contained in this information disclosure statement was first cited in any communication
from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of
this statement.

☐ No item of information contained in this information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned, having made reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three months prior to the filing of this statement.

DEPOSIT ACCOUNT

Please charge any additional fees for the papers being filed herewith and for which no check or credit card payment is enclosed herewith, or credit any overpayment to deposit account number 15-0030. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

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EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUB FILING DATE CLASS IF APPROPRIATE			
****	AA	3,472,870	10/14/1969	LARSEN, Aubrey A., et al.					
	AB	6,488,243	9/10/2002	KITAZAWA, Noritaka et al.					
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	AP						NO		
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Examiner /Niloofar Rahmani/ Date Considered 03/05/2008							03/05/2008		
*Examiner: Initial if reference is considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.									